AMENDED IN ASSEMBLY MARCH 31, 2009

CALIFORNIA LEGISLATURE—2009–10 REGULAR SESSION

ASSEMBLY BILL

No. 861

Introduced by Assembly Member Ruskin

February 26, 2009

An act to amend Sections 18986.86 and 18986.87 of the Welfare and Institutions Code, relating to county integrated health and human services. An act to add Section 100571 to the Health and Safety Code, relating to public health.

LEGISLATIVE COUNSEL'S DIGEST

AB 861, as amended, Ruskin. County integrated health and human services. Public health services: consolidated contracts.

Under existing law, the State Department of Public Health is authorized, within its authority to contract with a provider for the provision of health services, to enter into a single contractual instrument encompassing services in any number of specified health services subject areas.

This bill, in addition, would require the department, within existing resources, to implement a consolidated and streamlined administration and contracting process with the counties for the department's center of infectious diseases and the center for family health, and the programs administered by the respective centers. The bill would require the 2 designated program centers within the department to develop a consolidated and streamlined administration of its programs by developing, at a minimum, uniform program requirements and unified contracts across multiple related program areas. The bill would require each program center to develop a single allocation contract between the department and each county that incorporates the programs

 $AB 861 \qquad \qquad -2-$

administered by the center, including, but not limited to, specified elements.

Existing law authorizes Humboldt, Mendoeino, and Alameda Counties, and any additional county or counties, as determined by the Secretary of the California Health and Human Services Agency, with the assistance and participation of the appropriate state departments, within the existing resources of those departments, to implement a pilot program, upon approval of the county board of supervisors, for the funding and delivery of services and benefits through an integrated and comprehensive county health and human services system.

This bill would, instead, authorize each county, with the assistance and participation of the appropriate state departments, within the existing resources of those departments, to implement a program, upon approval of the county board of supervisors, for the funding and delivery of services and benefits through an integrated and comprehensive county health and human services system.

Existing law authorizes the integrated system to include specified health and human services.

This bill would authorize the integrated system to include, but not be limited to, those existing specified services and additional services and programs.

Existing law requires a participating county, in consultation with the appropriate state departments, as designated by the Secretary of the California Health and Human Services Agency, to prepare an interim evaluation not later than 6 months following the 3rd year of the implementation of the program and a final evaluation not later than July 1, 2008, and submit them to the Governor or the Governor's designee and the appropriate policy committees of the Legislature.

This bill would require a participating county to evaluate its program with the participation of the appropriate state departments, prepare an evaluation, submit it to the Governor or the Governor's designee and the appropriate policy committees of the Legislature not later than 6 months following the 3rd year of the implementation of the program, and seek private funding to provide for the evaluation. The bill would only require the evaluation to be conducted if nonstate resources are made available for this purpose.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

-3- AB 861

The people of the State of California do enact as follows:

SECTION 1. Section 100571 is added to the Health and Safety Code, to read:

- 100571. (a) In order to unify overlapping programs that address community public health needs administered by the program centers within the State Department of Public Health, and to reduce administrative costs to counties so that more resources are available to directly serve the families and the communities towards whom the programs are directed, the State Department of Public Health, within existing resources, shall implement a consolidated and streamlined administration and contracting process with counties for the department's center for infectious diseases and the center for family health, and the programs administered by the respective centers.
- (b) Each program center specified in subdivision (a) shall develop a consolidated and streamlined administration of its programs by developing, at a minimum, uniform program requirements and unified contracts across multiple related program areas. Each program center shall develop a single allocation contract between the department and each county that incorporates the programs administered by the center, which shall include, but need not be limited to, all of the following elements:
- (1) Consistent budget regulations, including format, indirect costs rate, and allowable costs.
 - (2) A single invoice format.

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- (3) Uniform reporting requirements and outcome measures.
- (4) Uniform staff time surveys.
- (c) This section shall not authorize a county to discontinue meeting its obligations under existing law to provide services or to reduce its accountability for the provision of these services.
- (d) The public health program centers subject to this section may waive regulations regarding the method of providing services and the method of reporting and accountability, as may be required to meet the goals set forth in subdivision (b). However, the program centers shall not waive a regulation pertaining to privacy and confidentiality of records, civil service merit systems, or collective bargaining. The program centers shall not waive a regulation if the waiver results in a diminished amount or level of services or benefits to an eligible recipient, as compared to the benefits and

AB 861 —4—

1 services that would have been provided to a recipient absent the 2 waiver.

(e) For purposes of this section, "program center" means an administrative subdivision of the State Department of Public Health, whether created by statute or by administrative regulation, that oversees and administers multiple public health programs relating to a specified public health subject area.

SECTION 1. Section 18986.86 of the Welfare and Institutions Code is amended to read:

18986.86. (a) A county, with the assistance and participation of the appropriate state departments, within the existing resources of those departments, may implement a program, upon approval of the county board of supervisors for the funding and delivery of services and benefits through an integrated and comprehensive county health and human services system.

- (b) In providing services through an integrated system to families and individuals, the program may, among other things, do all of the following:
- (1) Implement and evaluate a system of universal intake for those seeking services.
- (2) Implement and evaluate a system whereby a family or individual eligible for more than one service may be provided those services through an integrated, coordinated service plan.
- (3) Implement and evaluate a system of administration that integrates and coordinates the management and support of client services.
- (4) Implement and evaluate a system of reporting and accountability that provides for the combined provision of services as provided for in paragraph (2), without the loss of state or federal funds provided under current law.
- (5) In consultation with the appropriate state departments, as designated by the Secretary of Health and Human Services, a participating county may develop specific goals in addition to those specified in paragraphs (1) to (4), inclusive, to achieve an integrated and comprehensive county health and human services system.
- 37 (c) The integrated system may include, but need not be limited to, the following:
- 39 (1) Adoption services.
- 40 (2) Child abuse prevention services.

—5— **AB 861**

- 1 (3) Child welfare services.
- 2 (4) Delinquency prevention services.
- (5) Drug and alcohol services. 3
- 4 (6) Mental health services.
- (7) Eligibility determination. 5
 - (8) Employment and training services.
- 7 (9) Foster care services.
- 8 (10) Health services.

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- 9 (11) Public health services.
- 10 (12) Housing services.
- (13) Medically indigent program services. 11
- (14) California Children's Services Program. 12
- 13 (15) Child Health and Disability Prevention Program.
- (16) Health care services for children in foster care. 14
- 15 (17) Childhood Lead Poisoning Prevention Program.
- (18) Immunization outreach and education. 16
- 17 (19) Maternal and child health services.
- 18 (20) Adolescent Family Life Program.
- 19 (21) Tuberculosis control services.
- (22) Bioterrorism preparedness and emergency response 20 21 services.
- 22 (23) HIV/AIDS counseling and testing.
- 23 (24) HIV/AIDS education and prevention.
- 24 (25) HIV/AIDS surveillance.
- 25 (26) Oral health services.
- 26 (27) Preventative health care services for the aging.
- 27 (28) Sexually transmitted disease control.
- 28 (29) Tobacco control program services.
- 29 (30) Women, Infants, and Children Supplemental Nutrition 30 Program.
- 31 (d) (1) Part 2.6 (commencing with Section 56) of Division 1 32 of the Civil Code shall apply to the programs or services providing integrated services. 33
- 34 (2) Before a program obtains an individual's medical 35 information, including mental health and drug treatment records,
- his or her informed authorization shall be obtained, or the informed 36
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- authorization of his or her custodial parent, or his or her guardian
- 38 shall be obtained if the individual is a minor, unless the minor is
- 39 authorized to give consent.

AB 861 -6-

(3) Medical information shall not be disclosed to any individual who is not authorized to have that information pursuant to the authorization provided in paragraph (2).

- (4) Medical information shall not be disclosed for any purpose that is not authorized by the authorization in paragraph (2).
- (5) The sharing of information permitted under paragraphs (2), (3), and (4) shall be governed by memoranda of understanding among the agencies represented on the team. These memoranda shall specify the types of information that may be shared without a signed release form, and the process to be used to ensure that current confidentiality requirements, as described in subdivision (d), are met.
- (6) A client shall have access to his or her medical information and shall have the right to correct any inaccurate information contained in the medical information.
- (e) Programs or services shall be included in the program only to the extent that federal funding to either the state or the county will not be reduced as a result of the inclusion of the services in the project. This program shall not generate any increased expenditures from the General Fund.
- (f) Each participating county and the appropriate state departments shall jointly seek federal approval of the program, as may be needed to ensure its funding and allow for the integrated provision of services.
- (g) This chapter shall not authorize a participating county to discontinue meeting its obligations under current law to provide services or to reduce its accountability for the provision of these services.
- (h) This chapter shall not authorize a participating county to reduce the county's eligibility under current law for state funding for the services included in the program.
- (i) A participating county shall utilize any and all state general and county funds that it is legally allocated or entitled to receive. Through the creation of integrated health and social services structures, the county shall maximize federal matching funds.
- (j) The Secretary of Health and Human Services shall designate a lead department to coordinate the state's participation in the county's program.
- (k) The appropriate state departments that are assisting, participating, and cooperating in the implementation of the program

7 AB 861

authorized by this chapter shall have the authority to waive regulations regarding the method of providing services and the method of reporting and accountability, as may be required to meet the goals set forth in subdivision (b). However, the departments shall not waive regulations pertaining to privacy and confidentiality of records, civil service merit systems, or collective bargaining. The departments shall not waive regulations if the waiver results in a diminished amount or level of services or benefits to eligible recipients as compared to the benefits and services that would have been provided to recipients absent the waiver.

SEC. 2. Section 18986.87 of the Welfare and Institutions Code is amended to read:

18986.87. (a) A participating county shall, in consultation with the appropriate state departments, develop outcomes and performance measures specific to the project prior to the implementation of the program.

- (b) A participating county shall evaluate its program with the participation of the appropriate state departments and prepare an evaluation and submit it to the Governor or the Governor's designee and the appropriate policy committees of the Legislature. The evaluation shall be submitted not later than six months following the third year of the implementation of the program.
- (c) A participating county, with the assistance of the appropriate state departments, shall seek private funding to provide for the program evaluation. The evaluation required by this section shall be conducted only if nonstate resources are made available for this purpose.